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Harvard Medical Alumni Bulletin




Volume 26, Number 1

October, 1951

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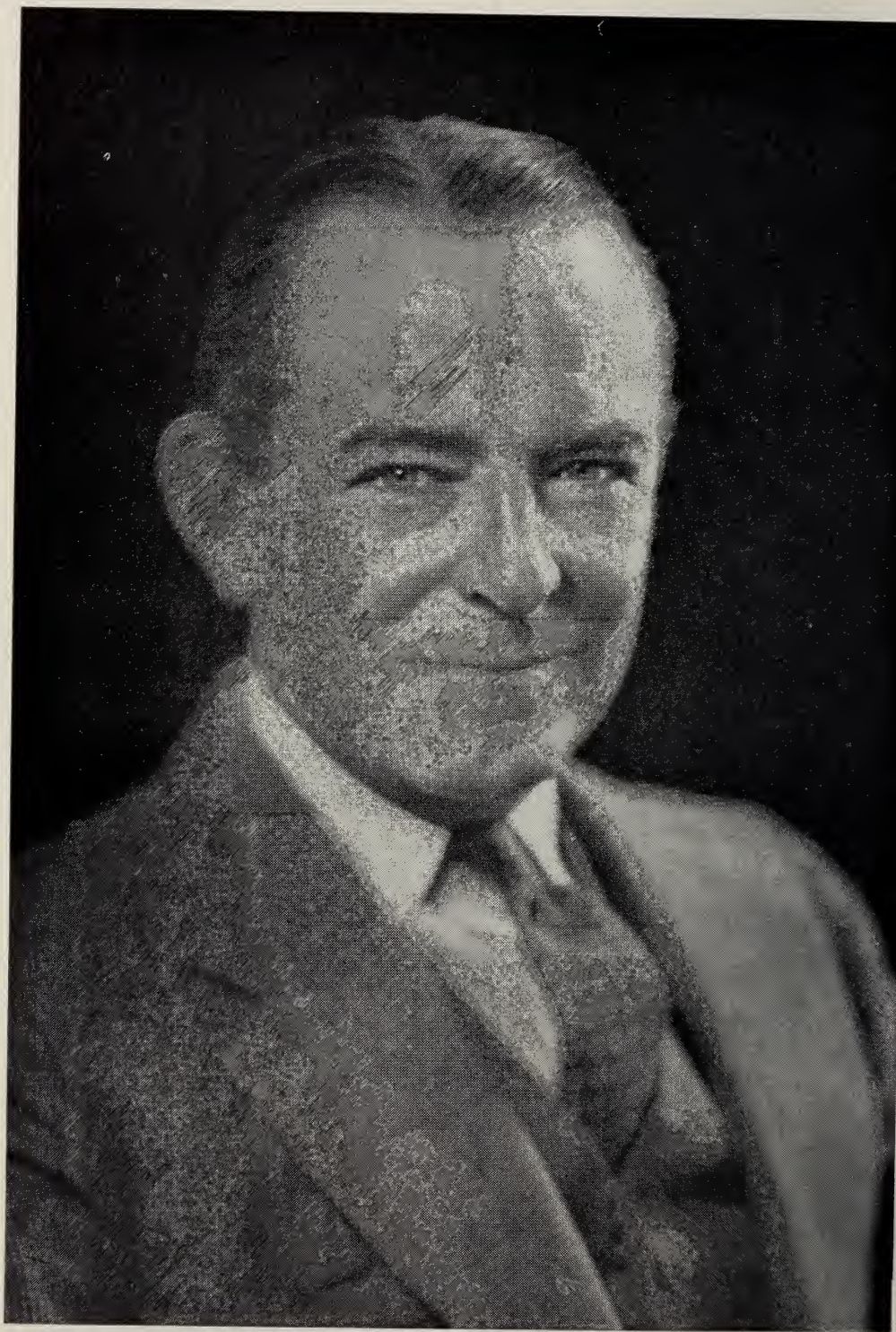
OCTOBER 1951

NUMBER 1

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FREDERICK A. COLLER

Frederick A. Collier, '12

PRESIDENT, HARVARD MEDICAL ALUMNI ASSOCIATION

1951-1952

A westerner by birth, the new president of the Alumni Association has been chairman of the Department of Surgery at the University of Michigan Medical School since 1930. Born in Brookings, South Dakota, Dr. Collier received his B.S. and M.S. degrees from South Dakota State College before entering Harvard Medical School with the Class of 1912. Surgical training at the Massachusetts General Hospital was interrupted by enlistment in the first Harvard Unit to France under Harvey Cushing in 1915. After more than a year overseas, he returned to this country and opened an office for the private practice of surgery in Los Angeles. On the American declaration of war, he entered the American Army and returned to France to serve a year with the 91st Division, rising to the rank of major.

On his return to civilian life, Dr. Collier, already recognized as a leader in the field of surgery, was called to the University of Michigan as assistant professor, thus beginning an association which has continued for more than thirty years. Academic advancement came quickly—by 1925, when only 38 years of age, he was already a full professor and the appointment as chairman of the Department came five years later. During World War II, he was invited to serve on numerous committees relating to national defense. On the National Research Council he was chairman of two subcommittees—those on Hospital and Surgical Supplies and Surgical Specialties; with the National Institute of Health he was chairman of the Surgery Study Section.

His contributions cover a wide range of

subjects, being particularly notable in thyroid and gastrointestinal surgery. Fundamental advances in the understanding of the metabolic response to surgery have stemmed from his pioneer interests in fluid balance and post-operative care.

A warm, friendly, unassuming manner and the ability to apply new knowledge with “horse sense” have won him the affection as well as the esteem of all who know him. He has been visiting professor of surgery at the Peter Bent Brigham Hospital and at the University of Virginia; Hodgen Lecturer at Washington University, St. Louis; Porter Lecturer at the University of Kansas and Judd Lecturer at the University of Minnesota. When the White Memorial Building at the Massachusetts General Hospital was dedicated, Dr. Collier was invited to give the Ether Day Address. His alma mater, South Dakota State College, conferred the honorary degree of Doctor of Science in 1949. He was named recipient of the Theodore McGraw Medal in 1950 and the Roswell Park Award in 1951. He is a past president of the American Surgical Association and the American College of Surgeons.

For him the most satisfying recognition must be the affection and admiration of his former residents and assistants who have formed the Frederick A. Collier Surgical Society. So distinguished is the membership that this organization is recognized as one of the National Surgical Societies.

Under Dr. Collier's leadership the alumni can confidently expect that the revitalization of the Alumni Association so ably inaugurated by Dr. Philip Wilson will be realized.

Annual Meeting

The Annual Meeting of the Harvard Medical Alumni Association was held in Atlantic City on the afternoon and evening of Wednesday, June 13, 1951.

An open meeting of the Executive Council was arranged for the afternoon preceding the cocktail party and dinner. This innovation was so successful that it undoubtedly will be continued in the future. The afternoon session, which was well attended, gave the President and members of the Council an opportunity to present their problems and plans to a representative group of alumni from all parts of the country. The result was stimulating and profitable.

President Philip D. Wilson, '12, opened the executive session with a brief resume of the activities of the Council during the preceding year. These had been outlined in the June issue of the *BULLETIN*. In essence they revolved about the general financial plight in which all medical schools find themselves today. At Harvard, the operating deficit over the past five years has amounted to \$400,000.00. This deficit has precluded the new developments that are the *sine qua non* of a leading medical school. The need for funds and the possible dangers of Federal aid were emphasized. The potential role of the Alumni Association as a buffer for Federal aid came up during the general discussion.

George Eisenman of the present third-year class was the next speaker. It is of particular interest that Eisenman came to the meeting at the request of his classmates and at his own expense. This spontaneous enthusiasm and concern on the part of the undergraduate body was especially exciting. Eisenman reviewed the problems of the School as seen by the undergraduates, stressing the great need for more instructors in the basic sciences, yet the complete lack of funds for this purpose. He emphasized the ease with which money can be obtained through grants for research, indicating that such

projects can constitute a financial liability rather than an asset to the School. The absolute need for "hard cash," unrestricted in purpose, was obvious. Eisenman concluded his remarks as follows:

"I think we have sold a certain amount of our academic freedom, in that we are now undertaking a large amount of research at the Medical School that is paid for by specific grants toward specific projects. Underlying this difficulty is the philosophy of the country today. The emotional appeal to people to give money to medical education is not so strong as the emotional appeal to give money to accomplish a specific aim. Ultimately, the money that is given to medical schools, regardless of source, must be given to medicine as an end in itself.

"Lastly, we students feel that as individuals we must ask ourselves where our primary charitable loyalty lies. This is a personal consideration. When the Red Cross asks us for money, it asks us to take money out of the Community Chest—because there is only a limited amount of money that can be given. Similarly, when the Medical School asks for money, it is asking that you divert money from other charities to which you give. It becomes a question of where you feel your money does the most good; where you feel it is most important to put it.

"I believe strongly in the aims and needs of the Harvard Medical School. I believe that there are only a limited number of people who have the background to understand its problems. These are the graduates of the School. If only a small proportion of the community can recognize this problem, the duty to support the School rests primarily upon that group. It is for this reason that I feel my primary loyalty belongs to the Medical School and to the University."

Dean Berry then discussed in greater detail some of the issues that confront all medical schools today. He likened the medical school to "the goose which lays the golden eggs" of medicine and medical progress—the physicians, surgeons and research workers of today and tomorrow. While the public is clamoring more and more for the services of medicine (the "golden eggs"), it is letting the ultimate

source of these services, the medical schools (the "goose"), starve to death.

"It is only the medical school that can produce physicians and from them stems everything that will be the medicine of the future. . . . One of the most alarming problems of medical schools today is the fact that we are not recruiting teachers for the next decade or two ahead. Why? We can't pay them properly. This has come about roughly for three reasons. The first is the increasing complexity and cost of educating a top-flight physician; the second is the War, which cut people out of medical education, increased the demands on the schools and eventually increased the number of students; the third and foremost reason is inflation. Continuing inflation is undermining medical education faster than anything else. . . .

"Until ten years ago, the School operated with a surplus. At that time, the surplus was about \$200,000.00; this paid off the deficit for several years. Then the Corporation came to the rescue of the Medical School, taking over some \$300,000.00 in deficits. This was in part accomplished by the transfer of a capital sum amounting to \$750,000.00; of this, \$650,000.00 is left, but the Medical School is feeding off this principal. The Corporation has said that henceforth the Medical School is on its own. Indeed the Corporation has no more funds that it can use to 'bail' the School out of its financial difficulties.

"Today our income is as follows: one fourth from endowments, one fourth from students and one half from 'soft money'—the grants on an annual basis that support specific research projects. Before the War, one half of our income was endowed or 'hard money,' one third came from students and only one sixth was 'soft money.' A school is like a flowing river; it is a continuous enterprise. People are on the Faculty for long periods of time; they are the group that makes the School. We cannot build our Faculty on dollars that come today and are gone tomorrow. If we have an adequate 'hard core' of our own, as Mr. Eisenman has indicated, we can take 'soft money' for one purpose or another and use it effectively. Without an adequate 'hard core' we cannot."

Following brief remarks by C. Sidney Burwell, '19, Councillor and former Dean, and Thomas H. Lanman, '16, newly appointed Director of Alumni Relations, on the manner in which the School and the

Alumni Association may be drawn more closely together for their mutual benefit and understanding, the meeting was thrown open for general discussion.

Luther Strayer, '30, pointed out that "the Harvard Medical School stands for something we want to back up. I would be willing to go a long way to do it. I think it is the best breeding ground for medical education in the country today. Now we have to decide how far Federal aid is going to go. This is a problem to which I want an answer before I commit myself; then I would be willing to make a good commitment." Kenneth Thompson, '29, supported this view. He thought that many of the alumni would give one hundred dollars a year if they thought it would keep the Federal government from political control of medical schools.

After Leroy E. Parkins, '17, had spoken at length on the obligations of the School for continued education of its graduates, Dean Berry commented on the remarks of the preceding speakers. He felt that making alumni contributions dependent upon the School's first refusing Federal aid was "putting the cart before the horse." Substantial aid from their alumni to some medical schools would render Federal aid unnecessary; but in other schools it is evident that the only means of maintaining their existence is some type of public rather than private support. It was his opinion that substantial contributions to the schools by their alumni would be the surest guarantee that Federal aid would support, not dominate or control, the schools.

The remarks of the next two speakers merit direct quotation. William Altman, '39, introducing himself as "Bill Altman from Dallas, Texas," spoke as follows:

"First of all I think that the doctors from Harvard in our part of the country are certainly against receiving government aid. . . . The point is that we should get busy ourselves and give some money to Harvard Medical School. They are working at the right plan through the classes, but I think they are bashful about what they are asking for. Our

Class had a tenth reunion two years ago. They made speeches for about two hours, finally said they wanted ten dollars per person. I think it's ridiculous! Each man should give at least ten times that, every year.

"And I would like to say certainly to Dr. Lanman that I think the Association is just too bashful about what it is asking. Each class fund should be multiplied by ten, at least. It wouldn't hurt anybody at all, and then the School would have some current money coming in. A few weeks ago I received my class letter, with the suggestion that we could give—but not more than ten dollars a year. How in the world do they think we are going to get anywhere if we don't give some money? Let's not be afraid of it! The doctors out our way are doing well. While we are doing well, let's get busy, dig down and raise the money. In one of our little hospitals in Dallas we wanted recently to add a wing. Seventy of us went into a room, closed the door and talked it over—and raised \$100,000.00 right there. It can be done!"

Fathollah K. Mostofi, also of the Class of '39, added the following remarks:

"I have been coming to alumni dinners for the past five or six years. Every year this problem has come up and now it is more acute than ever before. How many of us have come up after the dinners to say, 'Here, Dean Burwell, or here, Dean Berry, here's a check for one thousand dollars.' None of us. I think we ought to face the music and blame ourselves. There is no choice, gentlemen. I have never talked to Dean Burwell or Dean Berry or Dr. Lanman or Dr. Wilson about this problem; but the problem exists. It is ridiculous to say, 'I won't give you a penny unless you go out and shoot Truman.' What we need is money to run the medical schools. And if *we* give it, we won't need to get it from the government."

Dr. Wilson's rejoinder, "Has anyone a gun on his shoulder? It's a quarter to six and time for cocktails," brought the executive session to a close.

One hundred and fifty additional alumni joined the group that had attended the afternoon meeting for cocktails and dinner; in all over two hundred were present. During the dinner, Frederick A. Collier, '12, was unanimously elected to the presidency of the Association for the coming year. Election by ballot of three new Councillors, who will serve for three-year terms, was also announced:

Richard H. Sweet, '26, Boston

Francis D. Moore, '39, Boston

F. Sargent Cheever, '36, Pittsburgh

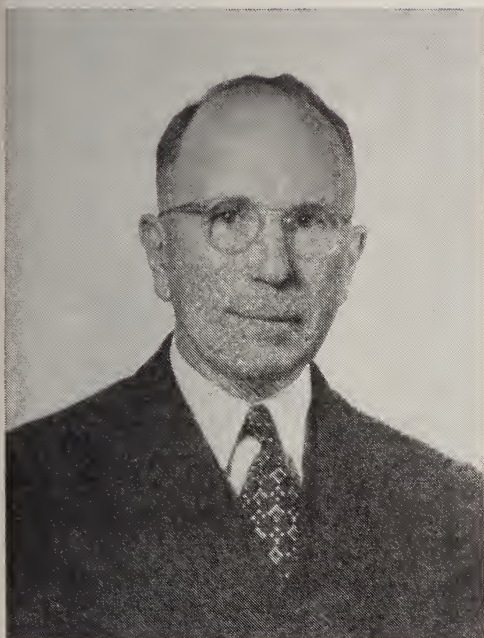
The amendments to the Constitution proposed in the April issue of the BULLETIN were unanimously adopted. These provide for the election of a President-elect annually and for the addition of the past-President and the President-elect to membership on the Council.

Following the dinner Edward L. Bortz, '23, presented the Goldberger Award of the American Medical Association to Fuller Albright, '24. An account of this presentation will be found elsewhere in the BULLETIN. The evening concluded with an informative and highly entertaining address by Lewis W. Hackett, '12, which will also be found elsewhere in this issue.

The lengthy but stimulating executive meeting prior to the dinner proved so successful that it will be repeated next year. It is expected that a majority of the alumni attending the American Medical Association Convention will be present. At that session all business matters, including the election of officers, will be concluded in order that the entire cocktail hour and dinner meeting may be devoted to relaxation and entertainment. It will be possible, as many alumni have suggested, to include the wives in the festivities.

*Long Ago And Far Away**

LEWIS W. HACKETT, '12



I want to thank the chairman for his kind remarks and for the invitation to speak tonight. I have been away for a long time, but I have always been in periodic contact with the mind of this Association through the *BULLETIN*; now it is a pleasure to view the distinguished body.

When you live in several different countries for long periods, your friends become distributed geographically according to age—my Brazilian friends are all over 50, my Italian friends over 40, and the Argentines start at about 25. This stratification is all the more noticeable here, where after 40 years abroad, I find most of my friends in the 60 to 100 age group.

Fortunately the doctors of medicine and of public health have about doubled the expectation of life since I was born, and my actuary tells me I still have thirteen years, five months and three-and-a-half days to renew old friendships, adapt myself to the peculiar customs, ideologies and coffee of this country, and vote periodically for

President in an effort to save the nation from time to time. I have passed through the three periods which Popsy Welch labeled preparation, productive activity and influence, and am looking forward to spending the indefinite future in California, where every scientific resource is brought into play to prevent any organ from wearing out before the others.

I have been led into these gerontological reflections by the strange impact a man receives on returning to this country after working in what are now called the underdeveloped areas, where the average income is about one tenth of ours and the average expectation of life is still only 30 years, with one person in seven reaching 60. I wonder what it was when I went out to Panama and Brazil in 1914.

There were three of us from Harvard in Brazil together in the early days before 1920—Alan Gregg, Jack Smillie and I. We went for different reasons—Gregg uprooted by the war, Smillie to organize a school of public health, and I to see how we could activate a traditional South American health department. There was no competition among the young doctors to get on the staff of the International Health Division of The Rockefeller Foundation, or to go abroad, or to abandon the practice of medicine for salaried jobs in administration and public health. I think maybe the faculties of medicine were not too happy about the innovation, especially as there were few full-time jobs available in the United States, and none at all elsewhere, except perhaps in England. They doubtless regarded this new discipline and its followers with astonishment and incomprehension, much as a hen which has hatched a lot of ducklings watches them from the bank with disapproval and alarm as they swim off into a new medium. Rosenau was the teacher who stirred us all up, and Harvard got rid of him as soon as it was decently possible. He went to North Carolina and started all over again.

*Address given at Alumni Dinner, Atlantic City, June 13, 1951.

South America at that time was like our wild West in my father's day. Government was by fraud and violence; medicine was by tradition and thaumaturgy; public health by fumigation and quarantine. Everybody was bent on making his fortune and Devil take the hindmost. Humanity was not homogenized in those days, and the cream rose to the top.

However, the capital cities—Rio, Buenos Aires and Santiago—were European in tradition, handsome in structure and gay and Latin in spirit. The Latins were highly sensitive about their state of civilization and did not like to be laughed at. I got into serious trouble, and at the diplomatic level, for a talk I gave at Harvard Medical School on Brazil. Since then I have been very cagey and only tell in public stories which the Latin Americans laugh at themselves.

I must add, however, that this seems to be a one-way street. We Americans are known to be a thick-skinned folk with all four feet on the ground, who rather enjoy jokes about their own comic, naive and primitive antics. I read in *Le Matin* once the depressing news that the Americans were the only people to pass from barbarism to degeneracy without going through a stage of civilization, and all Americans I told it to did in fact laugh. Probably people feel insulted only when they are afraid the libel is true. One South American surgeon, who had exchanged places with a colleague at Stanford for a year, came back with a good one on the American doctors—or perhaps it was just the California doctors. His story was that the surgeons knew nothing but would do anything; the physicians knew everything but could do nothing; while the psychiatrists knew nothing and could do nothing. I realized that this was just a joke, so I was able to enjoy it thoroughly.

We young fellows just out of medical school were all sent down classified as "experts." We knew very little of the world and of people, or for that matter of medicine, but if others had the "savoir," we thought we had the "savoir faire," and in

those days everything that was not impossible in health practice was relatively simple. Public health was in the hands of old and foxy politicians, and we were supposed to teach them something. We were happy to attempt this, since as Mark Twain said, "It is noble to be good, and it is noble to tell others to be good, and no trouble."

I remember the old Director of Health of Santa Catarina. I sent in my card which bore the open sesame, "Representative of The Rockefeller Foundation." This always brought everybody running. I can still see his jaw fall when he saw the beardless youth on his doorstep. "You are very young," he remarked, obviously taken aback, and I was not able to engage him in any serious conversation about the welfare of mankind.

As a matter of fact, scientific medicine was also pretty young at the start of the century; it was just about our age. We were eager enough, but no hint or dispensation for investigation could be read into our directives or budget; we were as old as bacteriology and protozoology and much older than the profession of public health, or The Rockefeller Foundation itself, or the schools of hygiene. Pioneers have to be young. I didn't think of this answer to the old fossil in Curitiba until the other day, and now it is too late, like all my best retorts (although occasionally I do think up some pretty good ones the same night). The old Director is dead, and the accusation of being very young has for many years ceased to be an insult as far as I am concerned.

Fortunately, the politicians were not greatly interested in our inscrutable philanthropic activities, and after making a few futile passes at our funds and ineffectual attempts to locate relatives on our payrolls, they left us alone.

There was more than a little suspicion at that time that we were scouts for the Standard Oil Company. We certainly looked like Greeks bearing gifts. Why should anybody give away money as anonymously as The Rockefeller Founda-

tion? As a matter of fact, Standard did discover oil in northern Argentina just where we happened to be making a malaria survey. The government promptly threw us out, which was as understandable as it was unjust.

There was also suspicion and hostility between one country and another. The frontiers were unstable and tricky to cross. You always had to go through a cross-examination, which was an old story to Latins, but very irritating to Americans, who were unaware that God's own country was defended against aliens by more official barbed wire than any other in the world. In fact I would say that the restrictions in force at any point of entry in South America have all been copied from ours. Many of them are in senseless and shameless retaliation to our well-considered practices, but we invented them.

My last visa just to cross Panama in the air required 22 finger-prints, but the Consul explained that as long as the Panamanians have to dirty their fingers to get into the U. S. A., the Americans are going to dirty theirs to enter Panama. When my wife and I entered Colombia some years ago, we had to produce a copy of our marriage license in duplicate, so touchy were the Colombians about immorality; and recently, when a group of Argentine health officials on their way to an international congress in Washington were forced to sit in a circle at the Miami airport with thermometers in their mouths, they immediately conceived a mental picture of a lot of Americans assisting at a similar tableau in Buenos Aires.

These things ebb and flow, but the immigration official and his questionnaire are fixtures. In any argument, he always wins, but with Americans not without a heated exchange. I remember my first experience with considerable humility.

"What is the object of your visit?" asked the official, thumbing through my passport. Now there was no secret about that, but there were only two kinds of visa: business or tourist, and I was neither. "Oh," I said with disarming frivolity, "to see

your country and admire your beautiful women." (This was supposed to be sure-fire; all countries are inordinately proud of the beauty of their women.) He did not smile. "Put him down," he dictated to the clerk, "North American, married." I didn't like that too much, so when he asked "What is your religion?" I said with dignity that that was something between me and my God; what was this anyway, the Inquisition? "He protests," observed the official, "put him down 'Protestant.' What is your mother's maiden name?" Now for some unexplained reason this riles all Americans and excites their sardonic laughter. "What damn business is that of yours?" I exclaimed, indignantly. "Put him down," said the Inspector impassively to the clerk, "illegitimate."

The mutual hostility between countries often broke into open warfare, as it still does in border incidents between Ecuador and Peru, or Chile and Bolivia. There was a terrific war between Bolivia and Paraguay in the Chaco beginning in 1932, and The Rockefeller Foundation was as usual on both sides.

It ended in a sort of stalemate with everybody exhausted, but after it was all over, both governments decorated me, as an available representative of the International Health Division, for significant and perhaps decisive aid in the recent struggle. The cleaning up of hookworm in Paraguay had lent the necessary vigor and élan to its army to push back the Bolivians, while control of yellow fever, which had broken out in the barracks in Bolivia, had enabled her to stem the invasion of the enemy.

I accepted the honors with a few appropriate words, but I wondered what the Chancelleries thought when each read of the other's action. Whose friend was I anyway? It reminded me of the famous story the Brazilians tell with such gusto of the two woodcutters who met in a bar, and after a few drinks, one "caboclo" said to the other: "What would you do, amigo, if you met a tiger in the jungle?" "I would shoot him through the heart," replied his

friend without hesitation. "But suppose you have no gun?" said the first. "Then I would cut off his head with my machete." "No," insisted his companion, "you haven't got a knife." "Well, then," said the victim after a pause, "I would brain him with a club." "But there are no clubs anywhere around," shouted the other gleefully. "Say, look here!" said the harassed Indian, "are you my friend or the friend of the tiger?"

Well, of course, we grew to like these people very much and they all liked us—except perhaps the Argentines, who threw us out three times. We got the idea after a while that they didn't want us. And it goes without saying that we were always learning a good deal ourselves—first of all the languages if we had the knack, and this included for some of us a few pretty exotic tongues, like Turkish, Yugoslav, pidgin English and dialects of Chinese. I don't think language was ever a major difficulty. The wife of one staff member took a course in Arabic at the Berlitz School in Cairo, and when she found that the cook did not understand a word she said, she tried to get the cook to take the course too, so that they would have a common language. And those who could not master foreign languages got by through the great courtesy and understanding of our hosts. One doctor said he had no trouble at all anywhere in the world with only two languages: one was English and the other was something he called "foreign."

I am afraid I have neglected to mention the work we did, in between collecting stories, languages and experiences. I am engaged in writing a history of it and I am frankly appalled at the prospect. We have had an average of 72 staff members working for 37 years in 63 different countries, and that adds up to 2,664 man-years. So I have decided to spare you all that and proceed at once to the main object of my presence here, which is to report on the unveiling of the bust of General William Crawford Gorgas at the Hall of Fame in New York on May 24. I attended this ceremony as representative of the Harvard Medical Alumni Association, which will

be news to our President since I appointed myself and have forgotten to tell him about it. However, I didn't really go out of my way to do this for you. It came about like this:

It was a double ceremony, since a bust of Alexander Graham Bell was also unveiled at the same time. I was in a bit of a quandary as to which of the two ceremonies I ought to consider myself present at, for I am the god-father of one of Alexander Graham Bell's great-granddaughters. However, on consideration, I decided to support General Gorgas, since my grandmother died of yellow fever while crossing the Isthmus of Panama in 1851.

On the way out to Washington Heights by subway, I had plenty of leisure to consider all the aspects of the matter, and since I was a bit late, I thought I might get a better seat if I represented some organization, and I chose the Harvard Medical Alumni Association with an eye to cutting a better figure at this dinner tonight. It is true that Dr. Gorgas, as he preferred to be called, was not a Harvard man. But Harvard has quite a tradition in Tropical Medicine, from Teddy Roosevelt who "took Panama" and supported Gorgas against the engineers, to Dick Strong and Wilbur Sawyer. Dick Strong made all kinds of expeditions and founded our School of Tropical Medicine. This school had practically no students, so that the impact left few marks on the distinguished body of the Alumni Association. But Wilbur Sawyer, who I am sorry to see is not here tonight, has since put tropical medicine on the map in a big way.

He was put in charge of the International Congress on Tropical Medicine which was held in Washington in 1948. This was really a kind of celebration of the end of the War and the renewal of world-wide medical collaboration—the first big scientific congress to be held, and our Government wanted everybody there. Wilbur had the problem of getting a big turnout for a tropical diseases meeting, not only of our

own rather indifferent fellow citizens, but from every country in the world, some of which like Scandinavia, Finland and Russia have only a detached interest in the Tropics.

He accomplished this quite easily by what seemed to me to be a stroke of genius: he enlarged the definition of tropical disease. According to the program of the meeting, which was a big success, tropical diseases are understood to be:

1. All exotic diseases, not seen often in New York or Boston, such as cholera, plague, leprosy, Rocky Mountain spotted fever, Alaska boil and arctic niphablepsia.

2. Common diseases that behave differently in the tropics (like frostbite, I suppose).

3. Diseases with long and alarming names like icterohemorrhagic leptospirosis.

4. Diseases of unknown etiology like 2 day, 3 day, 4 day, 5 day, 6 day and 8 day fever.

5. All animal parasites and arthropod-borne diseases.

And, 6. Let's see—oh yes, all the tropical diseases, too.

You see the advantage of this classification: you don't have to leave the country to be a tropical disease expert. If you think I may have exaggerated things a bit, buy any recent Manual of Tropical Diseases.

All this made me feel pretty sure that you would approve my representing the Medical Alumni at the Gorgas ceremony, and I also appointed myself, without prejudice to the above commission, a delegate of The Rockefeller Foundation, the American Society of Tropical Medicine, and the Southern Cross Club, with the American Medical Association up my sleeve if I didn't see any other doctors there. It occurred to me that all these offices might possibly get me a seat right up on the stage, and so I walked in hurriedly with an anxious air as though looking for the procession, but a skilful usher deftly shunted me into the gallery, from which vantage point fortunately I could see and hear practically everything.

The procession then entered the hall, first the adherents of Bell, swollen by a large contingent from the A. T. and T. with a bunch of personable women. The

Company had just sold its millionth share and was feeling its oats. These people were followed by the supporters of Gorgas, principally intellectuals, I thought. I had no uneasiness, however, about the outcome, because as everybody knows, the Russians invented the telephone, but they have not as yet claimed the Panama Canal. Bell himself, in the first message which could be understood by anybody over the wire, attributed the discovery to God. There is some confusion about this, however, since some witnesses believe he was just swearing at the damn thing.

Then they sang some songs. The Telephone Company had chosen Schubert's "Hark! Hark! the Lark!" which I suppose was the nearest thing they could find to symbolize sound transmission from a distance, but it didn't increase anybody's pulse rate. Now good old Dr. Gorgas came from Alabama, and when the Glee Club burst into "Dixie," boy, was everybody on his feet shouting!

The speaking I felt was an anticlimax, just as it is at banquets, and all the orators dwelt, as was natural, upon the past. This Hall of Fame Association is a little different from other associations we are acquainted with, in that *all* the members have to be dead 25 years before they can even join, not to speak of holding office. My own thoughts went back to the time I first knew Dr. Gorgas in Panama. It occurred to me that he and I must have had the same thought, probably simultaneously, how extraordinarily significant it was that just cleaning yellow fever out of Havana, New Orleans and Panama had erased it spontaneously from the whole Caribbean area. It was just a step to the idea that if you could clean it out of a few big South American cities, it might drop out of the whole hemisphere. Yellow Jack was one of those giants with an Achilles heel. I got quite excited up there in the gallery of the Hall of Fame, thinking how near I had come to imperishable renown. "Hack-ett," I said to myself, "you not only deserved to have a seat on the platform; you came mighty near being a bust."

Frederic Thomas Lewis, 1901

1875-1951

Fred Lewis must have been a curious boy, diffident, awkward, and as they said at the Cambridge Latin School when he graduated, looking as if he were overworked and underfed. On the other hand he took kindly to Harvard College which he entered in the fall of 1893; there he discovered that the subjects of biology, zoology and geology were of absorbing interest and his teachers quickly recognized that he had unusual talents in these fields.

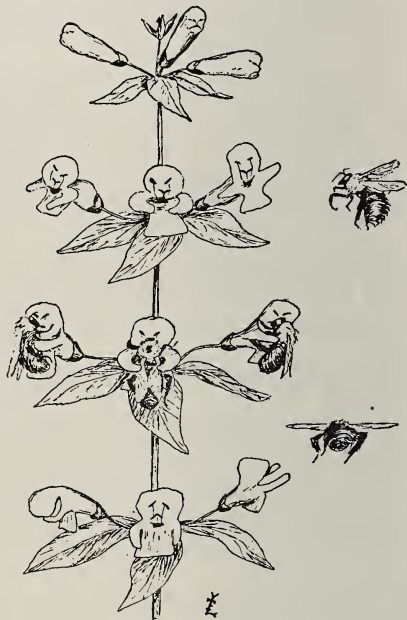
It is more difficult to imagine what his classmates thought of him; that he was studious, no doubt, since he graduated *magna cum laude*, humorous and witty, since his first publication appeared in *The Lampoon* as "Notes on Mintopsis bum-bullbeeza," and artistic and original since he designed the ticket for the Tree exercises at Class Day. Whatever else he acquired at college beyond a good education and such a reputation is more speculative; certainly a great love for Harvard, and an enduring affection for a small circle of friends who could do no wrong in his eyes. Indeed he soon turned into the kind of Harvard man who believes frankly that whenever anyone speaks of a college, Harvard is the subject, that Harvard men, by and large, are as good or a little better than any others, and that whenever any improvement in medical education comes into discussion, the Harvard way of accomplishing it is being described either consciously or unconsciously.

He came to the Medical School looking upon medicine merely as a segment of applied biology. He must have been the type of medical student who did beautifully what he liked and indifferently what bored him. He graduated *cum laude* but to punctuate a spectacular array of A and B grades he inserted a few commas in the way of C's and even one semi-colon in the form of a D in Fourth-Year Ophthalmology—a subject which must have

NOTES ON MINTOPSIS BUMBULLBEEZA.

THIS hitherto undescribed species is remarkable as confirming the ideas of Darwin and others regarding the origin of petals.

The young flowers are green and uninteresting. As they grow older, however, a blush of pink



o'erspreads the petals, and eagerly the blossoms await the coming of the bees.

The insects are not slow to respond, and arriving, laden with golden presents for the flower, are received with tears of joy, in the form of pollen grains which fall on their tormentose yellow coats.

These are blissful moments for the flower, but alas! they do not last. It is the same sad story of ingratitude and desertion.

Title Page of Dr. Lewis' first publication
(*The Lampoon*, January 15, 1897)

seemed to him of peculiarly little import.

Since he never had any thought of medical practice but wished to be a teacher, he started at the bottom rung of the academic ladder directly after graduation—in the fall of 1901 to be exact. He climbed up this ladder, rung by rung, so that when at last he became Professor *Emeritus*, he had forty continuous years of active Harvard teaching service to his credit; if one

adds ten years more as a professor *emeritus*, one realizes that he had observed Harvard Medical teaching for a full half century. It is no wonder that he grew to be almost a legendary figure at the School and to students.

He took his teaching responsibilities with utmost gravity. In his early days, when it was the custom for students to submit seriously written reports in regard to a teacher's performance, he was irked by what was said of his efforts: "Subject interesting; work absorbing; trouble not with subject but presentation." Bearing this in mind, thereafter, he tried to make his lectures more lively and interesting each year and to avoid putting any road-blocks in the pathway of those exceptional scholars whom he termed the "dispatchful."

He was a distinguished writer and medical historian and a distinguished contributor to embryology. He maintained a surprised interest in the continuing popularity of his arrangement of "Stöhr's Histology Arranged Upon an Embryological Basis" of which he was never proud, yet which, after its first appearance in 1906, forty-five years ago, went through several editions including two in Chinese. He was pleased, also, with the reception by scien-

tists of "The Typical Shape of Polyhedral Cells in Vegetable Parenchyma" (Proceedings of the American Academy of Arts and Sciences, 1922-1923) and "The Shape of Cells as a Mathematical Problem" (American Scientist, 1946). He remained, however, always a simple man, unconcerned about his accomplishments and honors; he was content to be known at home and abroad as an accepted teacher in our medical Faculty. He understood better than do most alumni what is meant by Harvard spirit—which after all means little more than pride in Harvard's past, faith in Harvard's present and willingness to add all one can to ensure Harvard's future.

The collection of microscopes, which he arranged to place on permanent exhibit in the Anatomy building, his collection of memorabilia dealing with the early days of the School, and his library which he bequeathed to the University are examples of his devotion. His friends and pupils will remember his colorful personality, his idiosyncrasies, and above all, the gracious manner in which, through his own interest in the details of any subject that attracted his students, he aroused their enthusiasm to make their work as perfect as possible.

Time Passes

Although none of us experiences a 25th reunion more than once, I suspect that most such occasions are remarkably alike. We renew acquaintances, discuss the past, and marvel at changes that have taken place. Perhaps the meaning of time takes on new significance, and our position in the continuity of the profession of medicine becomes clearer. No longer are we the eager youngsters anxious to get out and take our place in the world. Somewhat painfully the truth dawns that our class is beyond middle age and that it is the vigor of the students who now

tread the halls and listen to lectures which will carry the science forward in the future.

Among the many changes that one observes on such occasions, I felt a curiosity to know whether the new students who come to H.M.S. each fall differ from us at the time when we were at their corresponding age. Certainly the world has changed in many ways and there are suggestions that the attitude of college students toward their work and future may also have shifted somewhat in the course of time. Professor Handlin's com-

ments in a recent number of the Atlantic are pertinent here.* Whether the policies of the Admissions Committee succeed in improving the caliber of the student body would be most difficult to decide, and would, I presume, depend on what characteristics one valued most highly in a physician. However, the few contacts I was able to make during my brief visit gave me a feeling of optimism for the future.

Being concerned in my daily work with the teaching of medical students elsewhere, I was interested to find out if the teaching of medicine had also changed during the intervening years. I knew of course that the staff had gradually been renewed and that relatively few of our instructors were still active. New facts and concepts are added year by year in any educational course but with these I was not concerned. Rather I wanted to know if any new methods were being used to add life to the dead subject of anatomy, or comprehension to the innumerable details of biochemistry. How was the old idea of "experience is the best teacher" balanced against the usual lecture and laboratory system of teaching? Were the students being spoon-fed or were they encouraged to develop curiosity and initiative toward learning? Did they still drive to cross the hurdles of course examinations and get on to the end of the rainbow, or was there a thrill and *joie de vivre* in each unit of the curriculum that led to a touch of regret as the period drew to a close? These are of course the intangibles of the educational system that are all too often lost in the bustle of a crowded curriculum.

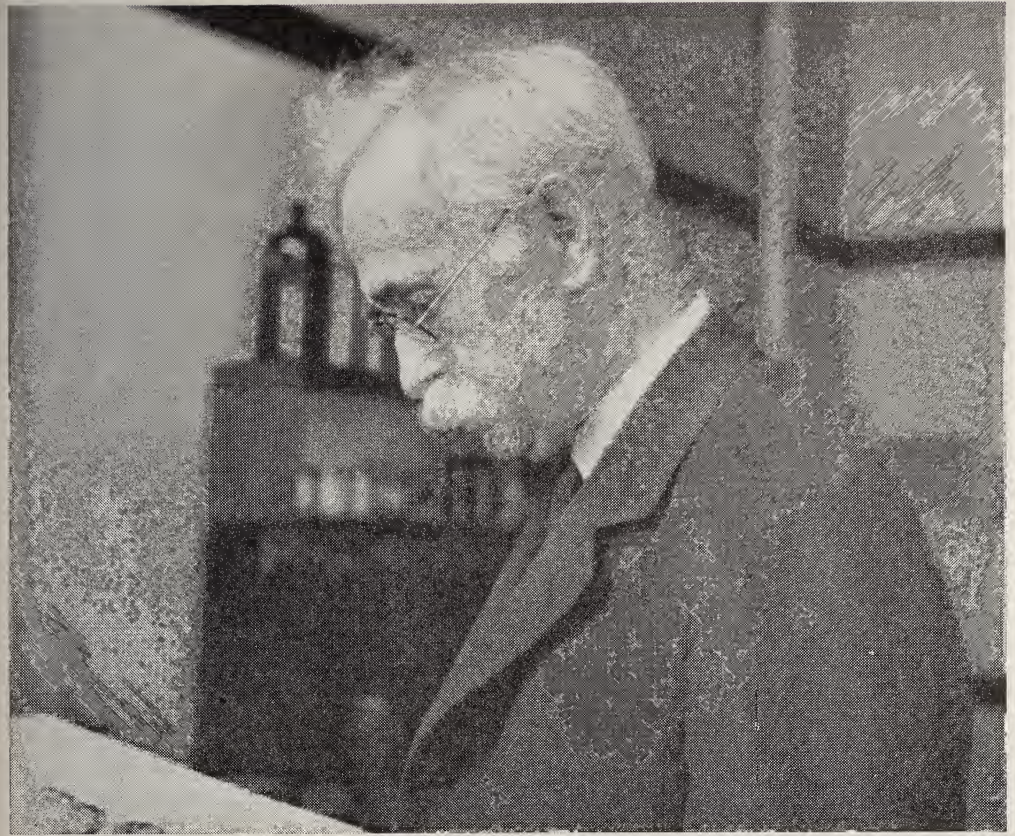
In the intervals between formal gatherings of the Class I prowled around the School buildings peeking through open doors, chatting with some member of the staff here and there, and wondering what went on in the rooms that were not open to the public. Here our old class laboratory

had been remodeled into a research unit. Over there a lot of fine new equipment had been added. I was told of new sub-departments that had been established with functions that were bound to accelerate scientific progress. The library was much enlarged and students were obviously making good use of it. Yet in the limited time at my disposal I saw how difficult it would be to get real answers to my questions.

On Saturday afternoon with only a short time left before the departure of my plane I decided to make one more venture, this time to the Department of Anatomy. Probably no one would be there but at any rate I could wander around and recall old times. As I mounted the stairway under the portrait of Charles Sedgwick Minot I realized that not everyone had left, for someone was rearranging an exhibit in a wall cabinet and was standing with his back to me. My first thought was that the janitor was making his week-end rounds, but as I saw the tenderness with which he shifted the position of some embryological models and felt the warmth of his response to my inquiries, I realized how mistaken I had been. His white hair, soft and wrinkled skin, and wavering step were those of a person long past the retiring age as a teacher but clearly not so advanced as to dampen his ardor for his lifetime love. As he led me down the hall and showed me the various ways of teaching histology today, I was still uncertain as to his identity. There was praise mixed with shades of nostalgia as he painted for me a brief picture of students, teachers, and teaching methods today. At last, I felt, my questions were finding an answer.

As we retraced our steps down the hall toward an exhibit case, Dr. Lewis—for by now we were well acquainted—remarked that this was also the year of his class reunion, the 50th. From the case filled with mementos of Charles Sedgwick Minot, Professor of Histology and James Stillman Professor of Comparative Anatomy 1892-

*Oscar Handlin, Associate Professor of History, Harvard, *Atlantic Monthly* 187: pg. 25, January, 1951.



1914, he produced a small cardboard notebook—his own notebook in histology dated 1897. In it were the required drawings of the course at that time, done with care and neatness, and now available to curious people like myself who wanted to see how the teaching of medical students had progressed. He turned the pages, pointed out interesting features, and added an occasional anecdote about his instructors with a clarity that belonged to yesterday rather than fifty-four years ago.

The notebook was replaced carefully on the shelf and another one taken out. This one looked more familiar with its black cover and rings to hold the sheets in place. On the cover was the name George R. Minot and the date 1908. The

nephew of Charles Sedgwick Minot had also kept a careful notebook in histology and from it Dr. Lewis pointed out the changes that had taken place since 1897. My own notebook and memory provided an adequate picture of the teaching in 1922, and he had already shown me and described the methods in use in 1950. My lesson was over, my questions had been answered, and after duly expressing my appreciation I left with feelings that are impossible to describe.

The exhibit case from which Dr. Lewis took the two histology notebooks contained a variety of other objects interesting to one who had leanings toward medical history. Professor Minot's publications, his dissecting instruments, the microscope used by Oliver Wendell Holmes, and

several other reminders of Harvard's contributions to medical progress were there. What happened to catch my eye was a book written by Professor Minot entitled *Age, Growth and Death*. My curiosity was aroused because at the moment numerous people, including myself, have been searching for ways of presenting this subject effectively to students both at the college and medical school levels. Upon inquiry at the main library of the Medical School I was distressed to find that the only copy of this book was the one I had seen in the exhibition cabinet in the anatomy building. So I retraced my steps and by good fortune was permitted to take the volume into the nearby histology laboratory and browse through it while Dr. Lewis was completing his afternoon's work. With a mixture of apologies and thanks I again took my departure wishing that distances between cities and lives were less and that I might return to share with him more of his rich and delightful experiences.

As my plane winged its way through clouds and sunshine on that last Saturday in May covering the many miles between Boston and home, my thoughts continually reverted to the delights of this brief friendship, quite different from the acquaintance of twenty-nine years before.

Yes, he had answered many of my questions and from his perspective of more than half a century I too had acquired a span of horizons that stretched a little further than before. The continuity and progress of medical science had become more real to me as had also the fact that whatever contribution each of us makes in the course of a lifetime can add but a few more grains to the sum total of human knowledge. The oncoming generations of students and the inspiration they receive from their teachers remain and will always remain the most priceless elements in our educational system.

A few days after reaching home I received in the mail a postcard dated May 29, 1951 which read:

Dear Dr. B.

As a souvenir of your visit and in appreciation of your interest, I am mailing, addressed like this card, two of Dr. Minot's reprints from which he drew the substance of his "Age, Growth, and Death." Do not bother to acknowledge them and oblige

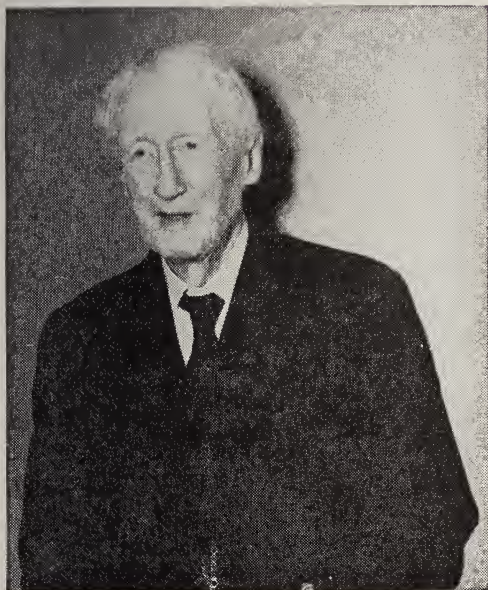
F.T.L.

The acknowledgement would never have reached him for on June 2, Dr. Frederic Thomas Lewis, James Stillman Professor of Comparative Anatomy, *Emeritus*, died at the age of 76 years.

EDWARD M. BRIDGE, '26

Alfred Worcester, 1883^{*}

1855-1951



Alfred Worcester died quietly on the afternoon of Tuesday, August 28, some thirty hours after he had sustained symptoms of acute coronary occlusion.

He had been much as his friends had seen him in recent years; he was deeply concerned about world affairs, somewhat lonely for the generation that he and Mrs. Worcester had survived, happy that they could be together as they both lived on, interested in what younger people were thinking and doing, at times a little confused about recent events but perfectly clear about the past and gracious as always, with his kindly sense of humor ever near the surface. His great ability to tell anecdotes was unimpaired—there was never any doubt that it was Alfred Worcester!

In his ninety-seventh year Dr. Worcester looked back over a great expanse; he was six years old at the outbreak of the Civil War; he had heard the story of the Battle of Lexington from the lips of an eye-

witness; he had talked with Edward VII and Florence Nightingale (to him she was always "Miss Nightingale"); he knew Osler, although their paths seldom crossed; to him Reginald Heber Fitz was a senior and Harvey Cushing a junior colleague. It was a great era, and in it he identified himself with the epochal advances of medicine, surgery and obstetrics (the last he generally referred to as mid-wifery). In each of these fields he was a pioneer.

He needed no statistical analysis to be sure that what he was doing was "significant." The days of discussing whether emetics were of value in the treatment of typhoid fever and other medical small talk were over; there were bigger issues to be faced before the close of the nineteenth century. His medical and surgical achievements need not be recounted here,—they were well recognized in his lifetime,—but if he could have read the press notices of his death Dr. Worcester would again have pointed out that the first *clean* appendectomy was not performed by himself, for at the time he lay at home convalescing from his own attack of general peritonitis, but by Edward R. Cutler of Waltham. Dr. Cutler operated on one of Dr. Worcester's patients within forty-eight hours of the onset of symptoms, and it was the splendid recovery of that patient that led Dr. Worcester into his vigorous crusade for the surgical treatment of acute appendicitis. There were other crusades—for the cesarean operation, for early hospitalization and rehabilitation of patients with tuberculosis and for the establishment of district nursing as an ancillary form of medical care.

For decades now his accomplishments have been accepted as medical history, fully acknowledged by the Cushings, the Kellys and the Cabots, and recorded in his own expressive style. His writings seemed motivated by an altruism such as

^{*}Reprinted by permission from the New England Journal of Medicine, September 27, 1951, vol. 245, no. 13.

rarely flows from the pen of medical authors. The titles of his papers indicated his concern for the patient—"The Care of the Helpless," "The Care of the Aged," "The Care of the Dying," for example. He had something of Franklin's ability to declare himself concisely. "Harbors," he said, "are made safe for mariners not by records of prosperous voyages, but by buoying the dangerous reefs and sunken ledges that have caused disasters." "Physicians alone have the opportunity to bring about this improvement." "There is a special Providence for those who would be gently led." "Undoubtedly there is a larger supply of latent willingness to help the helpless than has yet been brought into action."

A funeral is always a meeting place for a special group; no two are alike. At

Christ Church in Waltham, on a hot August afternoon, there assembled the unique group that represented Alfred Worcester. There were doctors, of course; they were not in formal delegations, but the Massachusetts Medical Society and the New England Journal of Medicine and other groups that he had served so long and with such distinction were represented. There were nurses, for many of whom he had been a direct link with Florence Nightingale. There were older citizens of Waltham whom he had delivered, and younger ones who would have known him as boys and girls. There were neighbors. There were laborers, politicians, teachers, lawyers, business men, farmers, clerks and city officials. They had each lost a great friend. Massachusetts had lost a great physician.

*My Case of Appendicitis**

ALFRED WORCESTER, 1883

I was 32 years old in 1886 and a strong, vigorous young man just starting my practice in Waltham. I had been bothered for some time by attacks of stomach-ache and these seemed to be increasing in number and severity as time went on. Finally on the night of October 29th I had a terrible attack. I took an injection of morphine but the next day the pain continued, so severe and cramp-like that to obtain relief I was forced to combine morphine with inhalations of chloroform.

The pain was situated between the umbilicus and pelvis; it was on the right side and it shot down in cramp-like waves towards my bladder and testicles. At first I thought I had a renal calculus.

I developed fever which reached as high a point as 102.8°, I had to be catheterized, I couldn't eat or rest, my abdomen became

rigid, distended, and finally hard as a drum.

I made up my mind that I must be suffering from that new-fangled disease appendicitis which was beginning to be talked of in Boston and that I needed an operation. But I had great difficulty in persuading Jack Elliot (Dr. John W. Elliot, HMS 1878) to open my belly against the advice of my two great friends, Dr. Reginald H. Fitz (HMS 1868) and Dr. Maurice Richardson (HMS 1873), who opposed the idea on the ground that I was too near death from general peritonitis to make any operation possible. After I had been sick for a week Dr. Fitz and Dr. Richardson saw me again. Now the pain could be located in about the middle of the abdomen. They gave me a whiff of ether and Dr. Fitz thought he felt a resisting mass in the pelvis. The upshot was that an operation was decided on.

Dr. Elliot—with Dr. Richardson assisting—opened my abdomen over what I insisted was the seat of my trouble. He made

*Compiled from Elliot, J. W., Boston Medical and Surgical Journal, 118:92-93, (Jan. 19), 1888; Worcester, A., New England Journal of Medicine, 218:651-653, (April 14) 1938; and from a personal letter written in 1939 by Dr. Worcester and now in the Harvard Medical School Library.

an incision two and a half inches long, beginning at the anterior superior spine of the ilium and moving parallel to and an inch above Poupart's ligament on the right side. Dr. Elliot told me later, "The caecum and the mesentary presented. I examined the caecal region and passed my fingers toward the umbilicus, and then down over the pelvis. I could feel no fluctuation but I was conscious of a vague feeling that the intestines were firmly glued together low down. On separation of those adhesions, I opened and drained an abscess containing two or three ounces of pus. I could not find the appendix as the abscess was nearly three inches below the incision."

I made gradual but steady post-operative improvement and finally, a month later, considered myself well with the wound nearly healed.

In the early spring of 1887, about six months after this experience I was introduced to a group of London surgeons as having recovered by operation from an attack of appendicitis. I was coldly told, "We do not have the disease in England."

At the meeting of the Association of American Physicians in June, 1886, Dr. Fitz read his paper, "Perforating Inflammation of the Vermiform Appendix; with special reference to its early diagnosis and treatment." I was one of the first patients to benefit from that paper.

COVER—Adolph Watzka of the Peter Bent Brigham Hospital and his two Dachshunds, Fritz and Heidi, are familiar figures along Shattuck Street and on the Medical School grounds. An operating-room technician at the Hospital, he has known 33 classes of Harvard doctors, countless numbers of grateful patients and a host of the nation's finest surgeons.

In 1918, Adolph came to the Hospital as an orderly at a salary of \$6.97 a week, with a promise of a \$5.00 raise if his work was satisfactory. After three months he received the raise and was offered a position in the operating room. He asked for an additional \$5.00 a week, was granted it and thereupon launched a distinguished career as an indispensable assistant at the ringside of surgery.

Brigham surgeons are indebted to him for his many sound suggestions for improving operating-room procedures and for his faithfulness in following the surgeon's preferences. Early in his career Adolph as-

sumed responsibility for typing and posting the operating room schedules, checking personally on every patient the night before the operation to be certain it was a *right* hernia or a *left* kidney to be operated on the next day. He has also improved the mechanics of moving the patient to and from the operating and etherizing rooms and has made respectful and well-received suggestions regarding the positioning of patients. His contributions include changes in the cerebral head rest permitting the previously cramped anesthetist reasonable comfort, adjustment of the patient's position in a perineal prostatectomy so as to lessen the risk of injury to his back and shoulders. He also changed the adjustment of the drape holding Mayo stand used in thyroid operations.

Adolph likes all dogs, all children, and most adults. He receives more Christmas mail than any other member of the Brigham family.

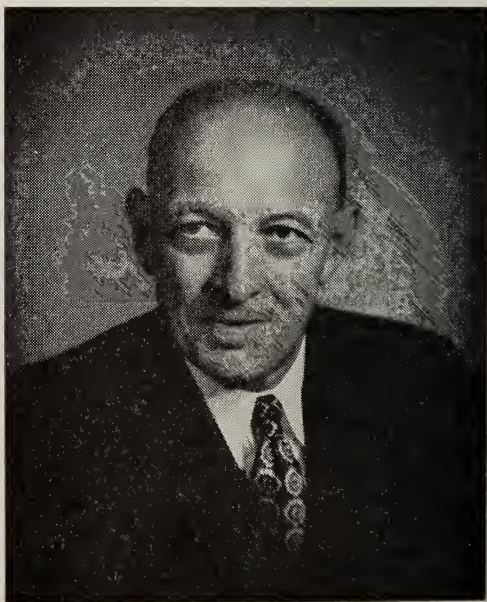
Honors

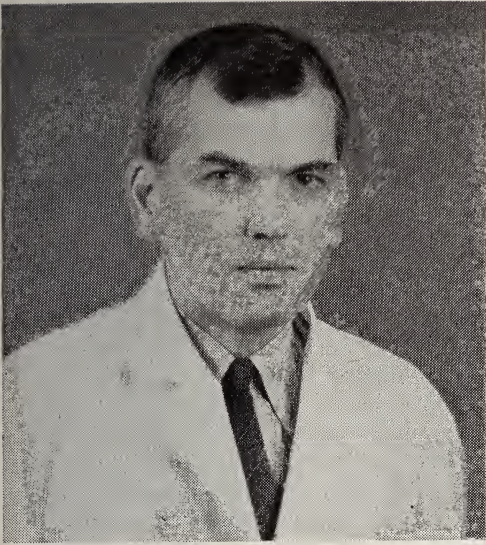


JOHN W. CLINE, '25, was named President of the American Medical Association at the Association's annual convention held in Atlantic City in June. This high honor comes to Dr. Cline after many years of service to both local and national medical associations. He was president of the San Francisco County Medical Society in 1942 and president of the California Medical Association in 1947-1948. In addition he was a member of the national House of Delegates from 1945 to 1950 and a Delegate to the World Medical Association meetings in both 1948 and 1949. A practicing surgeon, he is on the staff of the Stanford, San Francisco and Children's (San Francisco) Hospitals and holds the post of associate clinical professor of surgery at the Stanford University School of Medicine. He also serves as a surgical consultant to the Air Force and Navy and is the author of numerous papers on surgical subjects and medical economics.

DEAN GEORGE PACKER BERRY received the honorary degree of Doctor of Science from his alma mater, Princeton University, at the Princeton Commencement exercises held on June 12. The citation read as follows:

"George Packer Berry, class of 1921, who celebrates today the thirtieth anniversary of his graduation from Princeton, as did his father and grandfather, both Presbyterian ministers. Chairman of the advisory council of the Department of Biology since 1941. Dean and Professor of Bacteriology at the Harvard Medical School. An amphibious scientist equally adept as an investigator of the mechanisms of virus infections and in discovering the best brains to pursue medicine. A leader in comprehensive medicine who emphasizes those emotional, mental and environmental factors which make up our human nature and thus brings to medical science the human approach. A pioneer in medical education, he leads young men to develop their own resourcefulness through the example of his own liberal and imaginative mind."





FULLER ALBRIGHT, '24, associate professor of medicine at Harvard Medical School and physician at the Massachusetts General Hospital, has received the Joseph Goldberger Award in clinical nutrition for his continuing studies in this field. The presentation of the Award, a feature of the annual meeting of the Harvard Medical Alumni Association at Atlantic City on June 13, was made by Edward L. Bortz, '23, a past-president of the American Medical Association.

The Award, which consists of a gold medal and a check for one thousand dollars, was named after the late Dr. Joseph Goldberger, pioneer worker in pellagra. It was established in 1949 to honor physicians who have made important contributions to the world's knowledge of nutrition. Dr. Albright was chosen as the second recipient of the Award by the Board of Trustees and the Council on Foods and Nutrition of the American Medical Association. Best known for his studies of human metabolism as influenced by the endocrine glands, Dr. Albright has also studied the parathyroid glands and their influence on the body's use of calcium.

New Appointments at the School

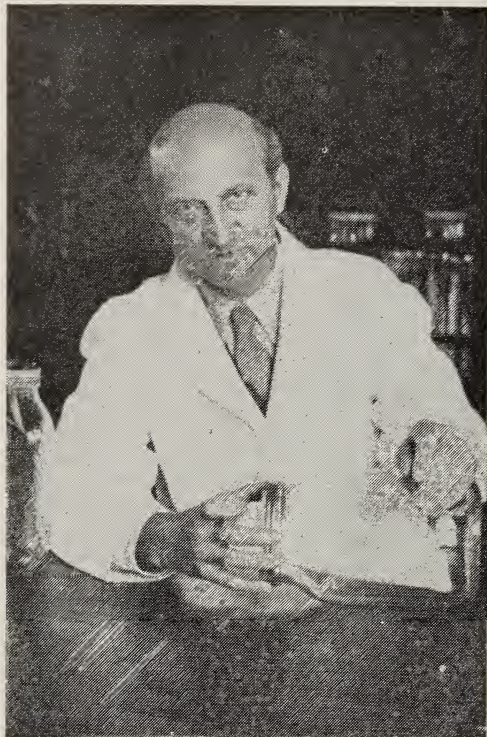
Among the many changes in the Faculty which occur as the School year opens, the following will be of particular interest to the alumni:

WALTER BAUER—*James Jackson Professor of Clinical Medicine and Chief of Medical Services at Massachusetts General Hospital*

Dr. Bauer, international authority on rheumatic diseases, is the seventh person to hold the Jackson Professorship since it was established in 1854, succeeding James Howard Means, '11, who held the post from 1923 until his retirement this June. Since 1911, the Jackson Professor has customarily also been Chief of Medical Services at the Massachusetts General Hospital.

Dr. Bauer came to the Massachusetts General Hospital in 1924 and has been continuously a member of the Hospital staff since that date. He has been associated with the Medical School since 1926. His work has centered on the study and treatment of rheumatism and arthritis.





OTTO KRAYE—*Professor of Pharmacology*

Dr. Kraye's promotion to a full professorship comes at the commencement of his fifteenth year with the School. A native of Kondringen, Germany, and a graduate in medicine of the University of Freiburg, he taught pharmacology for six years at the University of Berlin and for three years at the American University in Beirut before joining the staff of the School in 1937. In his new position, Dr. Kraye will continue his research into the effect of new and old medicines on human and animal organs. He has recently carried on studies of the effect of various alkaloids on the action of the heart.

NATHAN BILL TALBOT, '36—*Associate Professor of Pediatrics at Massachusetts General Hospital*

A native of Boston and a member of the Medical School staff since 1939, Dr. Talbot has been investigating hormones and other gland secretions and their effect on

body-growth and well-being since his graduation in 1936. His research has dealt with such problems as obesity and dwarfism in children and with the effects of various hormones, including ACTH, on growth and development. He is co-author (with E. H. Sobel, J. W. McArthur and J. D. Crawford) of a forthcoming book on "Functional Endocrinology from Birth through Adolescence."

JORDI FOLCH-PI—*Associate Professor of Biological Chemistry at McLean Hospital*

Dr. Folch-Pi has devoted much of his research in the past ten years to the biochemical study of the brain and to the analysis of chemical elements in brain tissues. A native of Barcelona, Spain, he was graduated from the University of Barcelona Medical School in 1932 and served his internship in the University Hospital. After practicing as the sole physician in a Spanish town of 800 people for a year, he became a Rockefeller Foundation Fellow in 1936. He served on the staff of the Rockefeller Institute Hospital in New York City until 1944 when he joined the staff of the Harvard Medical School and became Director of Scientific Research at McLean Hospital. In his new position, Dr. Folch-Pi will continue as Chief of the Biochemical Laboratory there.

CLINTON VAN Z. HAWN, '41—*Associate Professor of Pathology and Pathologist-in-Chief at Peter Bent Brigham Hospital*

Dr. Hawn comes to his new post from the Mary Imogene Bassett Hospital, Cooperstown, N. Y., where he served for four years as pathologist and director of the Otsego County Laboratories. He has also been assistant professor of pathology at the College of Physicians and Surgeons, Columbia University.

Following his graduation, Dr. Hawn began his studies in pathology as a resident at the Peter Bent Brigham Hospital under



Dr. S. Burt Wolbach, then Shattuck Professor of Pathological Anatomy at the School. On Dr. Wolbach's nomination, he was selected as a Junior Fellow at Harvard University (1944-1947), carrying on investigations into the uses and effects of various blood elements in the Department of Physical Chemistry at the School.

He has conducted notable research work, especially on the effects of plasma, serum albumin, fibrinogen and other blood elements on body functions, and on body reactions to foreign proteins. In his new post he will continue the important research work on diseased body elements which has been carried on for many years at the Brigham Hospital by members of the Harvard Faculty.

RAYMOND DeLACY ADAMS—*Associate Clinical Professor of Neurology and Chief of the Neurological Service at Massachusetts General Hospital*

A native of Oregon and a graduate of Duke University Medical School (1936), Dr. Adams has been associated with the

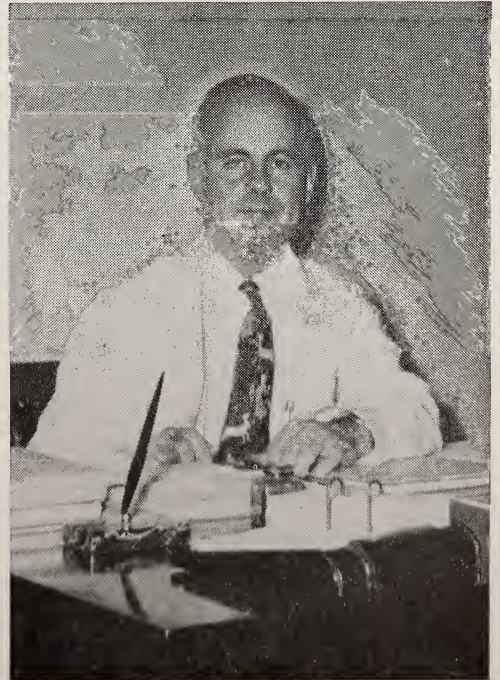
School and the Massachusetts General Hospital since 1938. In addition, he has lectured at Tufts Medical School and has served on the staffs of the New England Center Hospital and the Boston City Hospital and as consultant at the Pratt Diagnostic Clinic. His research has included studies of brain tumors, neurosyphilis, encephalitis and meningitis. In both his new positions he succeeds Dr. Charles S. Kubik, who has been named Lecturer on Neuro-pathology.

HENRY C. MEADOW—*Assistant Dean of the Faculty of Medicine*

In his new post, Mr. Meadow will continue to serve as executive secretary of the Committee on Research and Development in Medicine and Health.

KENDALL EMERSON, JR., '33—*Assistant Dean of the Faculty of Medicine*

Dr. Emerson will continue to serve as vice-chairman of the Committee on the Admission of Students, a responsibility he has carried since 1948. He is also senior associate in medicine at the Peter Bent Brigham Hospital.



Harvard Medical Association of Southern California

A particularly successful meeting of the Harvard Medical Association of Southern California was held on June 29 at the Jonathan Club in Los Angeles, with a total of 77 alumni present, representing a wide range of classes, from Irving R. Bancroft, '00, to Hilliard Estes, '50. The meeting was planned primarily as a social occasion, with Miss Dorothy Murphy of the Dean's Office as guest of honor. Miss Murphy, long a favorite with the generations of Harvard Medical students who have sought her advice and help on matters academic and otherwise, travelled in the West this past summer to meet with alumni groups in San Francisco, Carmel, Santa Barbara and Denver, in addition to the Southern California group.

High point of the Los Angeles meeting was the presentation to Miss Murphy of an "Oscar," inscribed: "To Dorothy Murphy for many years of devotion to Harvard men." In her talk to the group, in which the serious was judiciously mixed with the gay, Miss Murphy brought together the kind of informal and up-to-date news about the School which alumni are always eager to hear. She said in part:

"I salute you for the work you are doing far from the fountain of medicine on Longwood Avenue! The fountain has been flowing for 169 years and in this time the American medical community has been enriched by 10,008 graduates. The first class in 1788 graduated two. This year's class graduated 145. According to the latest report there are 5,930 living alumni. This past year the student body numbered 510, of whom 295 were veterans and 31 were women. Students came from 42 states, as well as from Hawaii, Puerto Rico, South America and ten additional foreign countries.

"This year's graduating class of 145 is the largest thus far in the School's history; but from now on we expect to have approximately 150 in each graduating class. This past year it was voted to increase our registration to 114 for the first two years and 150 for the last two.

"In the first two years, approximately sixteen candidates for the D.M.D. degree work side by

side with the medical students. After this period of training in the medical laboratories, these students enter the Dental Infirmary for two more years before receiving their degrees. They are then eligible to apply for transfer to the third-year medical class. Approximately one half take advantage of this opportunity. To date, the Harvard School of Dental Medicine, which admitted its first class in September 1941, has graduated 53 men. Of this number, 26 have entered the Medical School to work for the M.D.

"Because we increase the number of students in the clinical years, we can accept transfers to the third-year class from many medical schools (approximately ten or fifteen) as well as from the Harvard School of Dental Medicine. We also take exchange students into the fourth year as clinical clerks for a period of about two months each. This coming year 31 men and women from medical schools throughout the country will be taking clerkships at Harvard Medical School in medicine, surgery, obstetrics, pediatrics and gynecology.

"In 1944, after nearly a century of opposition, the Faculty voted to admit women. As a matter of fact the story goes that in 1900 the question of admitting women came up. It was tabled—for 44 years! Probably the longest tabling on record. The first women students, a group of twelve, were admitted with the Class of 1949. Eleven remained with us until granted the M.D. One withdrew when she married at the end of the second year, perhaps feeling that matrimony and medicine were too rich a diet. In her place we took a married woman from Columbia who transferred to be near her husband while he worked for his Ph.D. at Massachusetts Institute of Technology. P and S was sorry to lose the young woman but conceded that 'she was a pearl to brighten the dull gold setting of Harvard.' She was graduated *cum laude*. Six of the original twelve picked up the added title of MRS. while in medical school. Of the class just graduated, eight are women. Five are married, four to fellow-students; two produced sons during their medical course and still graduated with their class.

"In addition to the innovation of women students, we now have more married students than ever before. They make up 30 percent of the student body. Since these married students live outside the dormitory, the 320 rooms at Vanderbilt Hall provide adequate living quarters for the single male medical and dental students.



C. A. WILSON '26 D. F. BRAYTON '39 C. C. HUTTER '41 L. F. BUSHNELL '33 R. L. ROSS, JR. '34
D. A. CHARNOCK '25 FRANK L. PLACHTE '43B DOROTHY MURPHY W. C. BOECK '26
E. C. PALLETTE '29

"You will recall the old rules at Vanderbilt. No woman was admitted to the dining hall except for lunch and never above the first floor after 4 p.m. Times have changed! At almost any hour of the day, women may be seen and heard on all six floors. We make certain, however, that these ladies do not visit after 10 p.m. Mondays through Thursdays, nor after one a.m. Fridays through Sundays. Fifteen minutes before the deadline lights are switched off for one minute. There has been a suggestion that a system of bells supplant the blinking of lights—but we still blink the lights!

"Vanderbilt Hall not only affords a comfortable home for the students but its extensive facilities permit an elaborate schedule of social activities, a student being appointed each year to the chairmanship of the program on a salaried basis. All dances and parties are held in the dormitory. The large formal affairs are held in the dining hall, while beer parties and plays take place chiefly in the gymnasium where destruction can be kept to a minimum. Teas and concerts are held in the common room. Small groups entertain in the Deanery, which is equipped with radio-phonograph and television. The radio-phonograph was given by the Class of 1947 in memory of two of its members who were killed by accident in 1949.

"Only recently I attended the first wedding reception to be given at Vanderbilt Hall, a very gay affair in the Deanery, which has a delightful terrace for just such a festive occasion. When last seen the guests, each of whom received a bottle of champagne, looked very happy though a bit moribund! You can see that life at the Harvard Medical School is not all laboratories and clinics—there is still time to play!

"While social life may run more smoothly for today's students, the old problem of financing a medical education is still very much with them and even more acutely than was formerly true. With G. I. benefits diminishing and the earnings of students' parents failing to keep pace with living costs—to say nothing of the additional needs of the married students, whose children number 69 in one class alone—scholarship aid is badly needed. Last year 152 students were awarded approximately \$65,000.00 in scholarships. Nine students have borrowed approximately \$30,250.00 from our loan funds and 112 have earned money working in positions approved by the School. There is a certain duplication in these figures as some scholarship-holders also borrowed from our loan funds or did outside work; but in all, 267 students (more than half of the student body) received some form of financial assistance. More scholarship funds

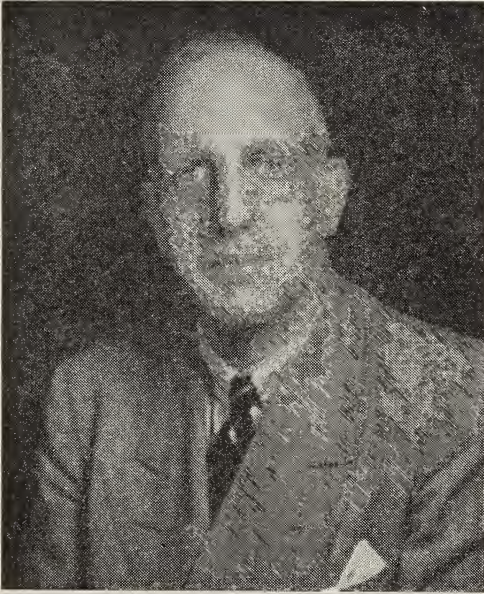
will continue to be needed so long as the School selects students 'for their ability to benefit from their education and not for their ability to pay for it'—to quote Dr. Fitz."

Members of the committee planning the Los Angeles meeting included William C. Boeck, '26, Donald F. Brayton, '39, Lowell F. Bushnell, '33, Charles G. Hutter, Jr., '42, Edward C. Pallette, '29, and Frank L. Plachte, '43-B. It was decided

by the assembled group that meetings would be held once or twice a year and that they would be devoted mainly to reports on the School—its activities, problems and progress. When past or present members of the Faculty visit the West Coast, the Association is planning to hold section meetings for discussion of new developments in their chosen fields.

LOWELL F. BUSHNELL, '33

Rocky Mountain Harvard Medical School Alumni Association



The fourth annual Harvard Lecture will be given at the University of Colorado Medical Center on Friday, November 9 by William B. Castle, '21, Director of the Thorndike Memorial Laboratory, Boston City Hospital. The title of his Lecture will be "Red Cell Destruction in Hemolytic Anemias." The Lecture will be primarily for the benefit of the medical students at the University, although all physicians and

others interested are most welcome to attend. Following the Lecture a dinner will be given in Dr. Castle's honor at the University Club in Denver. In keeping with the custom of previous years this dinner will be restricted to graduates of the Harvard Medical School. The following morning Dr. Castle will give a "live" clinic at the Denver General Hospital. We predict that the amphitheatre will again be crowded, as it was for the clinic which J. Howard Means, '11, gave last year.

All who attended the events surrounding the third Harvard Lecture in 1950 agree that the Lecture, the dinner and the clinic the following morning combined to give an extremely pleasant and instructive opportunity for the alumni of the Rocky Mountain region to foregather. We feel sure that Dr. Castle will bring us up-to-date information on affairs at the School as well as professional stimulation.

The activities of this alumni organization are supported entirely by voluntary contributions of interested alumni. Any alumnus from the Rocky Mountain region who has not already done so may send his check in any amount not to exceed \$10.00 to our treasurer, Henry Swan, II, '39, 4200 East Ninth Avenue, Denver.

IRA DIXSON, '28, *Secretary*

Book Reviews

DISEASES IN OLD AGE, A CLINICAL AND PATHOLOGICAL STUDY OF 7,941 INDIVIDUALS OVER 61 YEARS OF AGE. By Robert T. Monroe, M.D., 407 pages. Cambridge, Massachusetts: Harvard University Press, 1951. Price, \$5.00.

This extraordinarily well-written book deserves to be read by all doctors. It is not often in American medical literature that one encounters scholarship and scientific accuracy set forth in a graceful, cultured style and apt phrasing. The book has all these qualities and is excellent reading.

The scope and comprehensiveness of the book are enormous. Virtually every aspect of the problems that harass old age is covered. It is a medical, psychological, philosophical and sociological treatise on old age, beautifully organized and written with great sympathy and insight.

The diseases and disabilities of the aged are rapidly assuming great significance as the whole panorama of medicine changes. Few of us as doctors have yet really awakened to the problems and the task before us. More and more often we are called upon to alleviate the afflictions of the elderly and we find to our sorrow that all too frequently these afflictions are poorly understood by us, complex and frustrating, and their solution difficult.

This monograph is a thorough study of 7,941 patients over 61 years of age admitted to the medical wards of the Peter Bent Brigham Hospital from 1913 to 1943—a thirty-year period. Economic, social and medical aspects are all considered, and the author clearly shows how interwoven these three elements are in the illness of an old person.

Separate sections are devoted to the diseases that involve each of the bodily systems, as well as a section each to malnutrition and to malignant disease. The author has compiled his statistics with meticulous care. They are arranged in neat tables, often in cross reference fashion, and are carefully analyzed. Considerable editing of the case records was necessary—certain disease conditions, now recognized as common, were not recognized at all or only poorly understood in the early years of the period—both clinically and pathologically—such as pulmonary infarction, virus pneumonia, and even coronary occlusion. Great refinements were made in diagnostic tools during the period—notably the X-ray and the electrocardiogram—

and treatment took great strides in the latter half. These changes are all recognized and commented upon by the author.

Perusal of the tables is most instructive. They summarize the incidence and outcome, the complications and the associated pathological and clinical findings of the various disease conditions in the various age brackets between 61 and 90. Many interesting facts are developed and several startling conclusions come forth from these statistics—at least they will startle most of us, and if they stand the test of time and the more modern investigative techniques they may compel us to revise our concepts of some diseases, at least in the elderly. What, for example, is the importance of emphysema in the elderly? How important is hypertension? What is the significance of systolic murmurs in old people? What is the course and prognosis of cerebral arteriosclerosis? Complete answers perhaps cannot yet be given, but the clues provided by these statistics are exciting.

The author has had a very large experience in the management of the sicknesses of old people in his private practice, in teaching, and in clinic work. His discussions of the various phases of disease in the aged are very pertinent and are filled with sympathy, judgment, imagination and common sense.

The art of medicine is apparent in all these pages. There is the account of the elderly man lying quietly in bed, bleeding from his peptic ulcer until he had run through eighteen transfusions and all his money. At that point one simple move controlled the situation. There are numerous little anecdotes which can teach us how much we can achieve for an old person with the exercise of patience, understanding, judgment and common sense.

One can learn much medicine from the author's remarks on the treatment of old patients with hypertension, with coronary occlusion, with gall stones, bleeding ulcer, nervous indigestion, with psychoses, with malnutrition, with depressions; one becomes more thoughtful as to what loss of job, loss of companion, loss of outlook means to an old person, as to what loneliness, sadness, discomfort and pain do to him or her.

The comments on the mental breakdowns of the aged, perhaps the saddest and most important problem in old age, show great perception. His remarks, for example, on senile dementia are an original and unique contribution and should offer hope for a considerable reduction in the incidence of this terrible disease.

The book is a demonstration of what interested, sympathetic handling of an elderly patient, with a comprehensive appraisal of all

his problems—with humor and kindness—can achieve. Much imagination is needed to overcome the hurdles as well as intuition and sympathy.

Throughout the book there is a confident message of optimism. There is a solution to the difficulties that beset the aged, and more solutions will be forthcoming. But even now, with care, skill and interest their lives can be made both larger and more comfortable, and more productive and more worthwhile.

The salvaging of old people from hopelessness and preventing them from sinking into desuetude and deterioration are problems with medical, psychological and sociological components. The final chapter of the book is a brilliant appraisal of our present community resources for the aged. The many defects in the present system are vividly described and suggestions for improvement offered. A whole new program is set forth which offers a very complete solution. Our state and city officials would do well to read this chapter. It is obviously the result of a great deal of thought on this very important matter. It is a brilliant and penetrating essay.

The monograph is a very inspiring one. It should replace in all of us a feeling of defeatism and discouragement in the handling of the problems of our old patients by a spirit of enthusiasm and hope and intelligent inquiry.

ARTHUR S. PIER, JR., '39

DISEASES OF THE TROPICS. By George Cheever Shattuck, M.D., 783 pages. New York, New York: Appleton-Century-Crofts, Inc., 1951. Price, \$10.00.

When Dr. George Shattuck, now Emeritus Professor of Tropical Medicine at the Harvard Medical School and the Harvard School of Public Health, officially retired in 1948 he was engaged in the preparation of a textbook on tropical medicine. Fortunately he chose not to terminate his 26-year association at that time and his retirement was in name only. Maintaining an office at the Medical School, he has continued to be available to all who desire the benefit of his years of practical experience in the tropics and has now published his book, "Diseases of the Tropics."

Dr. Shattuck has not attempted a book that replaces or complements Dr. Richard Strong's classic and encyclopedic revision of Stitt's "Diagnosis, Prevention and Treatment of Tropical Diseases." Rather he has written a book for the general practitioner or public health worker at work either in temperate or tropic regions. He states his objective as follows: "to offer at

moderate cost a concise but comprehensive account of diseases of the tropics."

Drawing on his wide experience in the tropics of the Americas, Africa, and the Far East, the author has ably integrated the numerous advances in the field of tropical medicine that occurred during, and as the result of, World War II. Proper emphasis is given to the major tropical diseases such as malaria, filariasis, and yaws. Emphasis is also placed on important entities not primarily tropical such as amebiasis and shigellosis. These diseases are examples of entities that are cosmopolitan in distribution, although unfortunately they are considered to be exotic by many practitioners in the United States. This only too prevalent concept visualizes climatic factors rather than the prevailing levels of environmental sanitation as determining the relative frequency of diseases such as amebiasis.

"Diseases of the Tropics" has been written with the interests of the practicing physician in mind. While due consideration is given the distribution, epidemiology, and control of the various diseases discussed, emphasis is placed on summarizing current information on symptomatology, diagnosis and treatment. In presenting this material in a volume of convenient size, Dr. Shattuck has accomplished his objective and produced a book that would be a valuable addition to the working library of any internist, general practitioner or public health worker.

THOMAS H. WELLER, '40

JAMES LIND, FOUNDER OF NAUTICAL MEDICINE. By Louis H. Roddis, Captain, Medical Corps, U. S. Navy, 177 pages. New York, New York: Henry Schuman, Inc., 1950. Price, \$3.00.

"It is upon the Navy under the good Providence of God that the safety, honour, and welfare of this Realm do chiefly depend." (Preamble to the Regulations for the Navy issued by Charles II of England.) While this pronouncement might not be received with equal favor in all parts of the Pentagon Building today, it was as true of this country as of England until certain experiments at Kittyhawk made the world uncomfortably smaller than it used to be. In the Navy of George II the safety and welfare of the men themselves was much more threatened by disease than by the perils of war or of the sea. Anson's squadron lost 626 out of 962 men, mostly from scurvy, in the first year of a voyage around the world. Captain Roddis has written an interesting account of the life of James Lind, 1716-1794, a naval sur-

geon, called in England the "father of naval hygiene," who did much to reduce the terrible toll taken by scurvy, typhus and other diseases. Although not the discoverer of the cure for scurvy, Lind conducted a well-controlled experiment on his ship, demonstrating beyond question the value of citrus fruits. He wrote a treatise on the subject, another entitled "An Essay on the Most Effectual Means of Preserving the Health of Seamen in the Royal Navy," and one on tropical diseases. He also seems to have been the first to demonstrate that fresh water could be obtained by the simple distillation of sea water. Quotations from his papers give some idea of the man himself, and if he remains a somewhat shadowy figure it is due to lack of information about him rather than to any fault of the author. There are vivid pictures of life and death aboard ship in the time of Bligh and Cook, when in spite of incredibly bad living conditions English seamen were making history in all parts of the world. Captain Roddis' book can be recommended to anyone with an interest in medical history and a taste for the rich language of the sea.

RICHARD W. DWIGHT, '28

THE DIAGNOSIS AND TREATMENT OF ADRENAL INSUFFICIENCY. By George W. Thorn, M.D., with the collaboration of Peter H. Forsham, M.D., and Kendall Emerson, Jr., M.D. Second Edition, 182 pages. Springfield, Illinois: Charles C. Thomas, 1951. Price, \$5.50.

The clinical introduction of cortisone acetate in the past three years has revolutionized the therapy and outlook of patients with adrenal insufficiency and made obsolete previous texts of therapy in this field. The second edition of Dr. Thorn's book relates his already extensive experience with cortisone acetate and provides a modern primer of diagnosis and therapy in adrenal insufficiency.

The outlines and schedules of diet, hormonal replacement and emergency supportive measures will answer the questions of practitioners and specialists alike. Students will particularly enjoy the concise and authoritative presentation of the physiological and chemical aspects of adrenal insufficiency.

PHILIP H. HENNEMAN, '46



Correspondence

CONGRATULATIONS (AND A FEW "DIGS" AT THE EDITOR!) FOR THE ALUMNI DAY ISSUE

To the Editor:

Have just read—and looked at—the September BULLETIN. From cover to cover it is splendid. It's wise, it's witty, it's *human*. I hope that all who see it will feel a deeper pride and, yes—joy—at being an alumnus of H. M. S.

Congratulations to you, your editors, et al.
WILLIAM B. CASTLE, '21

To the Editor:

You certainly should receive congratulations for your work in the Harvard Medical Alumni Association. The BULLETIN for September arrived a few days ago. Alumni Day seemed to be a great success (plentifully illuminated by Dr. Dunphy's shining countenance).

I will be sure to come next year.

FRANK J. LEPREAU, JR., '38

To the Editor:

. . . You have certainly made a going concern of the BULLETIN. You are to be congratulated on your efforts. Alumni Day sounded like a delightful get-together. I am certainly going to make it in 1953 . . .

FRANCIS MURPHEY, '33

To the Editor:

I was interested in the last copy of the BULLETIN. The only defect I could see was that there were at least two and possibly three pages on which a photograph of the Secretary did not appear. The matter should be taken up with the Secretary of the Association or the Editor of the BULLETIN who can see that a supplement is published consisting of nothing but pictures of the Secretary—thus rectifying the oversight.

FREDERICK P. ROSS, '39

"ARE VETERANS PEOPLE?"

To the Editor:

I cannot pass without comment your recent article entitled "Are Veterans People?"

Apparently Dr. Warren, among others, is distressed because the Veterans Administration Hospitals program continues to expand. He states that it ". . . is indeed not difficult to envisage the closing of certain of our big civilian teaching hospitals if and when the outlined Veterans Administration construction program is complete."

The Veterans Administration's success is not due to new buildings but rather to medical care of "teaching hospital" caliber, provided at negligible cost to the individual veteran.

I do not argue the moral issue: Should the voter allow this to be?

But I would like to point out that the "old guard" can only blame themselves for the popularity of this program among younger physicians at the residency level. The V. A. teaching hospital atmosphere is accompanied by a tradition of a living wage scale for the resident maintaining that system, plus the tradition that the patients are not "charity patients." Both concepts strike hard at the archaic atmosphere maintained in certain institutions.

I would be the first to admit that the medical care program of the Veterans Administration presents a complex problem to the medical profession—but I cannot be too sympathetic with those who fought successfully against changing the coolie labor status of the intern and resident, and now complain that the Federal Government has encroached upon this exploitation.

This opinion, it should be noted, emanates from a conservative, who has seen duty on the Harvard teaching services in Boston, in a mid-western university hospital and in a Veterans Administration hospital connected closely with a medical school.

WARREN C. BREIDENBACH, JR., '44

Ed.

Nothing in Dr. Warren's article was intended as criticism of the living wage afforded residents in Veterans Administration hospitals. Many aspects of the Veterans Administration medical service make it more desirable than its civilian counterparts. It is the expansion of the system under false pretenses which was criticised.

To the Editor:

The article entitled "Are Veterans People?" by Richard Warren in the June issue of the BULLETIN I believe to be most pertinent.

If possible, I would like to obtain six copies to send to Oregon's representatives in the Congress . . .

It seems needless to tell you that I enjoy the BULLETIN very much.

FRANK E. FOWLER, '23

To the Editor:

A profound distrust of anything which savors of so-called "socialized medicine" is a perfectly defensible personal prejudice. Some have it, some don't. But the extensive mayhem committed upon poor Clio is not quite so defensible. Dr. Warren's analysis of the Veterans' Administration program employs certain historical concepts to which I wish to take the strongest exceptions.

There is an invalid assumption that, "unless veterans (sic) benefits are provided crime waves and revolutions follow major wars." Major wars do not just happen, but may be considered symptomatic of profound social disturbances, so impressive that the undoubted evils of war are deemed of less importance than the escape from the immediate situation. The particular social disturbance may be of various types. They may be a matter of excess population, of inadequate "Lebensraum", of inadequate economic opportunities for enough people; of rigid social organizations in which the concepts of "pride" or "honor" are disproportionately strong; of breakdown of traditional schemes of value, with resurgence of unchannelled elemental passions; or perhaps only the fear that someone will take something away from you. A great many types might be mentioned, some of which are much more apparent, or more defensible than others.

Wars are the reflections of a great driving-force. As a matter of simple historical fact, and contrary to the assertion of Dr. Warren, veterans' benefits or crime waves have not been the alternatives consequent on most wars. It is necessary to distinguish between militaristic nations and those not primarily militaristic; between the victorious and the vanquished; between nations with ample economic opportunities and those with cramped or contracted economy; between those with expanding populations and those with diminishing or stable populations; between those where the Army was subordinate to the civilians and those where the Army was superordinate. And above all it is necessary to consider the impact of war on the social and economic structure of the countries, with the consequent change in whatever forces might have been previously operative.

From these points of view Warren's examples are inaccurate. The land reforms of the Gracchi can in no way be regarded as analogous to "veterans' benefits." On the contrary, the Gracchi attempted to alter a social organization which resulted from eras of conquest, producing an extensive proletariat, extensive slave labor, and extensive capitalistic abuses. Toynbee, of course, dates the fall of Rome as beginning with the conquest of Carthage, and the social disturbances in Rome set up thereby. The Gracchi, far from being veterans' lobbyists, were concerned with trying to cure the diseased social structure. And, incidentally, met the fate of most reformers.

We can pass over the naive concepts of the "dark ages", and consider the gross distortions and inaccuracies applying to the Revolution. The "patriotic zeal" of the soldiers and officers at Valley Forge, far from being an object of scorn, represents one of the brightest spots in American history. The scorn should be levelled,

not at the military but at the civilians. Any American history book will tell of the indifference of the population at large, the virtual absence of anything remotely resembling patriotism, the profitable trade with the British in Philadelphia but the neglect of the colonial army at Valley Forge, the "forestalling and engrossing" and great profiteering whenever any opportunity offered, the hostility towards serving in the Army. Very pointed, for example, is a letter of George Washington to our own James Bowdoin, "It gives me unexpressible concern . . . that the committee . . . in your State (Massachusetts) hire deserters from General Burgoyne's Army, and employ them as substitutes, to excuse the personal service of the inhabitants. I need not enlarge upon the danger of substituting, as soldiers, men who have given a glaring proof of a treacherous disposition and who are bound to us by no motives of attachment, instead of citizens, in whom the ties of country, kindred, and sometimes property are so many securities for their fidelity." *But the citizens weren't interested.*

At the same time Washington was pathetically begging the Congress to enact legislation whereby the pitiful Army might be held together. The officers were resigning by scores and hundreds. We can realize, with the known value of the continental currency, the impoverishment of officers' families, and the public indifference, that many officers felt, "Why should I put up with all this?" Washington tried to find a solution. In one letter he says, "We must take the passions of men as nature has given them, . . . I do not mean to exclude altogether the idea of patriotism. I know it exists, and I know it has done much in the present contest. But I will venture to assert, that a great and lasting war can never be supported on this principle alone. It must be aided by a prospect of interest, or some reward." This, as everyone will recognize, is the Federalist speaking, expressing the doctrine popularized, after the war by Hamilton, who used the "prospect of interest, or some reward" to attract to the new country the moneyed and commercial interests.

It was Washington, the patron saint of the rugged individualists, and the foe of militarism and entangling alliances, who "prevailed at

length upon Congress . . . to promise half pay for seven years to all officers who should serve to the end of the war. To all soldiers who served to the end of the war, a gratuity of eighty dollars was promised." This is hardly a "soldiers' lobby." It seems, in fact, directly the opposite, a measure by a desperate commander-in-chief to hold his Army together in the face of public indifference.

I have no desire at present to discuss the matter of "pressure groups" and "sound social principles", nor to comment on the many valid points in Warren's article. I merely wish to put the historical record a little straighter than it is at the moment.

LESTER S. KING, '32

Ed:

Dr. King has clearly shown what different interpretations can be put on historical facts by the mere shifting of emphasis. He does not seem to wish to alter, but rather to agree with, Dr. Warren's main point, namely that although the Veterans Administration is necessary and desirable it is nevertheless wasteful to allow it to expand far beyond its originally intended bounds.

To the Editor:

Your article (or should I call it your thesis?) "Are Veterans People?" in the June issue of the BULLETIN I have dwelt on most assiduously.

Your treatment has been so thoroughly objective; you have given light without heat. Under this Administration it is a Cry in the Wilderness, and casting pearls before swine.

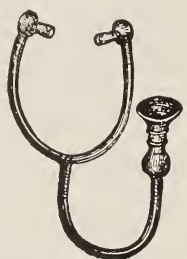
You exemplify that Boston is still our "Cradle of Liberty." The late Dr. John Lovett Morse, before he became Rotch Professor of Pediatrics, gave us this motto: "Not failure but low aim is crime."

It is a long way from '05 to '34, but with pen and zeal I want to believe that our way of life will be continued, not destroyed; to hold to the ideals on which this Republic was founded.

May you keep up your good fight. For your endeavor I thank you from the bottom of my heart.

HARRY M. PAGE, '05

The Stethoscope



It seems only yesterday that Class Day was held, that the alumni were reuniting and that the curtain fell on the academic year of 1950-51. Now another year is under way. The Dean has welcomed all four classes, greeting the three upper as old friends and the incoming students with well-chosen words of welcome. The University flag on the flagpole of the Administration Building added an air of festivity to registration proceedings. In addition to the Dean, Dr. David M. Little, Secretary of the University, had a few words to say to the new students and Mr. Robert T. Potter, president of the fourth-year class, pictured for their benefit the wide gulf that separates the theory of physic as taught by lectures and clinics from its practice as he had observed it in Newfoundland during the summer. All in all, the Class of 1955 got off to a good start.—It is a good looking class made up of 114 members; four are sons of Harvard Medical School graduates, eight are women and eleven are veterans; they come from a wide geographic area as usual, and from many colleges; one striking feature is that fourteen are already married. This suggests how much times have changed and that nowadays pre-medical advisors disagree with Osler and no longer quote his words of warning to young people about to embark on a medical career, "Put your affections in cold storage for a few years, and you will take them out ripened, perhaps a bit mellow, but certainly less subject to those frequent changes which perplex so many young men."—Talking of statistics

the total student population of the School this year is 549. The School is now twice as large as it was forty years ago shortly after we had grown accustomed to the move from Exeter Street to Longwood Avenue. Our third-year class comprises 151 students and has added to its membership 36 transfer students. This increase represents an effort by the School to make its educational facilities used to full capacity and thus to lend a hand in producing more doctors to meet expanding medical needs in these troubled times.—Dr. Robert M. Green, HMS '06, delivered his final lecture to students of the Harvard Medical School on January 23, 1947. As everyone knows he was one of the most beloved and respected teachers on the School's roster. He remarked at the time that he had taught a good many thousand pupils. The School now is fortunate enough to have a portrait of him. This was presented by one of his many pupils, Mr. Curtis Rossen, who painted it while a student in the School of Medical Illustrators at the Massachusetts General Hospital. The portrait hangs in Vanderbilt Hall where it properly belongs as a continuing reminder of Bobby Green's interest in student welfare.—Two other portraits have been hung in panels above the stairway in the Administration Building. One, painted by Mr. Frank Benson, is of Mr. Charles A. Coolidge, the designer and architect of our present buildings. The other, painted by Mr. Charles Hopkinson, is of President Eliot. Those alumni who were on hand at the time can readily recall the morning of September 26, 1906, and the impressive occasion when he solemnly devoted our new buildings to the teaching of the medical arts and to the pursuit of the biological and medical sciences. Henceforward, students, as they go to the library, may be encouraged by being reminded through these portraits of what actually are the fundamental and basic objectives of the Harvard Medical School.

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Harvard Medical School

Boston 15, Massachusetts

The School's Plight

In our June BULLETIN the report of the Secretary to the Alumni Association discussed briefly the establishment of plans for raising money for the School. A letter will soon be sent to each alumnus, outlining the need for such a plan. Meanwhile the alumni may wish a more detailed description of the alternatives involved in their School's present financial plight.

To reduce its rising deficit Harvard Medical School may either (1) drastically cut its budget, (2) accept further Federal aid, or (3) seek money from private sources. With the study of medicine growing steadily more complex, the first alternative is unthinkable; the budget, particularly for teaching salaries, must be raised rather than lowered.

The second alternative cannot readily be rejected, but its acceptance involves serious problems. How may the medical schools as a group accept more Federal aid without forfeiting some of their academic freedom? A bill has been pending in Congress to grant substantial aid to medical education over a five-year period. Yet at the moment the bill has failed to pass the House, and its

prospects are dubious. Since it was intended to give temporary relief until other sources of funds could be built up, its failure throws all the more burden upon private giving.

The National Fund for Medical Education, a private organization founded two years ago, is already soliciting corporations and is distributing funds to medical schools. However, their annual grant must be divided among seventy-nine schools into relatively small individual portions. Through the American Medical Association many physicians are contributing to this Fund, and it deserves their support; yet Harvard alumni will undoubtedly feel that their first loyalty is to their own School.

In order to provide an organized method for direct contribution to the support of their own School the Alumni Association's plan for annual giving is now underway. Its main purpose is to stimulate regular annual giving by the alumni of unrestricted funds for the immediate use of the School. A healthy response in donations will enable the School to maintain a proper balance between Federal and private support. It will also help insure the School's ability to perform its primary task—that of turning out well-trained doctors.

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